

VZCZCXRO5468
RR RUEHBC RUEHDA RUEHDH RUEHKUK
DE RUEHGB #0166/01 0221621
ZNR UUUUU ZZH
R 221621Z JAN 10
FM AMEMBASSY BAGHDAD
TO RUEHC/SECSTATE WASHDC 6241
INFO RUCNRAQ/IRAQ COLLECTIVE

UNCLAS SECTION 01 OF 02 BAGHDAD 000166

SIPDIS

E.O. 12958: N/A

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SUBJECT: PRT DIWANIYAH: H1N1 UPDATE: A LESSON IN
GOVERNANCE IN DIWANIYAH PROVINCE

1. This is a PRT Diwaniyah reporting cable.

2. (SBU) SUMMARY: Diwaniyah officials responded effectively to the H1N1 pandemic during Fall 2009, strengthening both their governance and their healthcare capacity. The initial response could be characterized as disjointed as Provincial officials and health officials were slow to identify and treat the early influenza cases. At the same time, duplication of effort by Provincial officials, healthcare workers, and civil organizations emerged and hindered responses. As time progressed and numbers of cases increased, Diwaniyah health officials turned to prevention and treatment rather than dwelling on securing high-tech equipment to identify cases. Efforts at educating the public improved as officials, including the Governor, went on the air waves to discuss what people should do. Provincial officials, academic institutions and NGOs, with prodding from the PRT, strengthened their abilities to work toward a common goal by forming an H1N1 interagency working group and a Diwaniyah H1N1 Operations Center. The H1N1 healthcare experience had a beneficial political component as the public judged provincial officials and agencies as responsive to public needs, in contrast to the public's usual view here that provincial officials, including the Governor, are unresponsive. END SUMMARY.

3. (U) Of the Iraq nation-wide total of 2,328 cases and 42 deaths (among Iraqis, excluding multinational forces) reported by the World Health Organization (WHO) as of 19 January 2010, 248 cases and five deaths occurred in Diwaniyah Province. Diwaniyah, with about five percent of Iraq's population, had about 11% of the cases and about 10% of the deaths. Among multinational forces in Iraq, none of the 628 confirmed H1N1 cases reported by WHO occurred in Diwaniyah. (FYI: Iraq is a participating member of the WHO's Eastern Mediterranean Region Office) EMRO) providing daily case counts to the WHO.)

DETECTING AND PREVENTING H1N1

4. (SBU) Initially, it appeared that Diwaniyah Province officials, health officials, and civil organizations devoted a large amount of time and effort in what appeared to be an orchestrated campaign to obtain high tech detection and identification equipment from the PRT. Various agencies and NGOs besieged the PRT, arguing that the local public health laboratory urgently needed PCR (polymerase chain reaction) diagnostic equipment to process samples for H1N1. The officials saw this as shortening the time to six to eight hours doing tests locally, rather than over a week, perhaps two weeks, if samples were sent to the Baghdad Central Laboratory. Local officials here viewed the Baghdad public health bureaucracy as inefficient, slow and barely responsive. When the PRT convinced officials that such testing would only identify mutations, and that treating symptoms was better, the pressure and requests for PCRs finally slackened.

5. (SBU) Provincial officials used the media to advantage.

Preventive measures among the public took hold following radio and TV reports and interviews with officials, including the Governor. Hand washing was emphasized, though on a visit to primary schools in one town, the PRT saw only unusable hand washing facilities and no hand sanitizer, suggesting that despite the words, little support trickled down to the local level. School and health officials expressed pride that they were spraying schoolrooms, desks, chairs and common areas with disinfectant.

¶6. (SBU) The province,s Health and Education Departments Q6. (SBU) The province,s Health and Education Departments conducted special classes and train-the-trainers, sessions, which instructed teachers on the basics of disease surveillance. The trainees were expected to return to their schools and instruct all teachers in surveillance, detection and reporting. The PRT heard reports that some schools received only five to ten forehead thermal strip thermometers for schools with several hundred students, indicating poor preparedness planning and unresponsive medical logistics support from the national and provincial authorities.

¶7. (SBU) NGOs and government departments deluged the PRT with requests to provide bottles of hand sanitizer, face and surgical masks, thermometers, vaccines, and antivirals. PRT Diwaniyah counseled officials that face and surgical masks were inappropriate for general, daily, and full-time wear as their effectiveness was limited, might cause undue panic among a less-educated public, and were better used in family or close-quarters situations if a family member was suspected of having H1N1 (or seasonal flu). The PRT also counseled that leaflets and posters showing people with face masks could add to public worry. PRT Diwaniyah designed H1N1 leaflets, with

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simple instructions in Arabic, based on the Centers for Disease Control (CDC) H1N1 website where simple instructions in Arabic were posted.

INTERAGENCY COORDINATION

¶8. (SBU) Initially, multiple agencies and NGOs were all involved and duplicating each other,s efforts, either because each saw a role, was trying to outdo the other, had genuine humanitarian concerns, or was acting out of self-interest could not be determined. Those seeking our assistance all urged that we work only with them, not with others.

¶9. (SBU) After several instances of this behavior, the PRT met with Director General (DG) of Health Abdulameer Leelo and Provincial Council Health Committee Chair Thamir Naji Skhale to strongly recommend a collaborative inter-agency approach to the H1N1 problem. We underscored that just as an inter-agency response worked in the U.S., it would be a useful approach in Diwaniyah. Those two competent officials organized the first of several inter-agency meetings and involved the Governor, several key DGs, academics from Qadissiyah University, the medical and nursing schools, the Diwaniyah Teaching Hospital, the Provincial Chief of Police, and several NGOs. The PRT was asked to participate and offer comments.

¶10. (SBU) The first inter-agency meeting focused on understanding the H1N1 problem, hearing what each participant could provide and accomplish, and assigning responsibilities. That meeting was chaired by Deputy Governor Faisal Salman and the PC Health Committee Chairman Thamir Naji. Most attending saw it as a success. Officials stressed that agencies should follow the established GOI and Provincial plans for responding to pandemics, using the experience of the earlier avian flu outbreak as guideposts. This strategy worked.

RESPONDING TO AND TREATING H1N1 IN DIWANIYAH PROVINCE

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¶11. (SBU) The most important thing Diwaniyah officials did was focus on detecting H1N1 in the schools. This area of a concentrated and vulnerable population was a primary place for spreading the disease by human contact and sneezing children. Diwaniyah officials responded with a focus on detecting and treating symptoms. Limited closures of specific classrooms and schools occurred in the city most affected, Ash Shamiyah, in accordance with policy and school preparedness plans. (Note: Initially, Ash Shamiyah officials stated that many cases in their city were concentrated among persons who had attended the Hakim funeral at the Imam Ali Mosque in Najaf) just across the Euphrates River.)

COMMENT
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¶12. (SBU) Diwaniyah,s response to H1N1 offers a case study of mostly how to respond correctly and efficiently, and a little of how not to respond to a pandemic. The governance, preparedness and response lessons learned in Diwaniyah are not new: have a plan, assign responsibilities, authorities and funding, coordinate effectively across agencies and NGOs, keep the public informed, teach and institute surveillance, treat symptoms, and, limit large gatherings (such as school populations). Provincial authorities made some initial mistakes on both the health and governance fronts, but with coaching from the PRT at key junctions, they adapted their approaches. As best we can determine, the concerted effort by political leaders to step out front and provide informed advice to the public muted complaints about an unresponsive provincial government) whereas in other issue areas the Qprovincial government) whereas in other issue areas the Diwaniyah Provincial government is seen as unresponsive. Another governance problem exists at the Ministry of Health level : though additional waves of H1N1 influenza are anticipated, permission to begin vaccination of Iraqis has not been given due to liability waiver issues with the drug (vaccine) manufacturers.
HILL